



Form for Requesting Subsequent Test Accommodation(s)

CPS Human Resource Services must receive your request form and supporting documentation by the registration deadline of the exam you wish to take.

Current mailing address:	Candidate's name:		
Requested Exam: Exam city & state: Bate Date CPS Human Resource Services examination for which accommodation(s) were provided: I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	Current mailing address:		
Requested Exam: Month/Year:	Daytime telephone #'s:		
Month/Year: Exam city & state: Date CPS Human Resource Services examination for which accommodation(s) were provided: I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	Social Security Number:		
CPS Human Resource Services examination for which accommodation(s) were provided: I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	Requested Exam:		
CPS Human Resource Services examination for which accommodation(s) were provided: I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	Month/Year:	Exam city & state:	
I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	Signature	Date	
requesting the previously provided accommodation(s) for the exam noted below. Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed. I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability. If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional	CPS Human Resource Services e	xamination for which accommodation(s) were provided:	
	Submitting this form constitutes your request for test accommodation(s). A have been confirmed and your request for the different accommodation of the change in the nature and extent of the change of the confirmed different accommodation of the change in the nature and extent of the change in the nature and extent of the change in the nature and extent of your disability	ed accommodation(s) for the exam noted below. It official notification to CPS Human Resource Services of a Arrangements will be made once the prior accommodation(s) est is processed. In oddition(s) from those previously provided because of a firmy disability. It is commodation(s), briefly describe the change in the grand attach documentation from a qualified professional	

Mail this form to:

CPS Human Resource Services
Attn: SIA
241 Lathrop Way
Sacramento, Ca. 95815